

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		2		2		
4		1		1		
5		1		1		
6		1		1		
7	1		1			
8		1		1		
9		2		2		
10		2		2		
11		2		2		
12		1		1		
13	1		1			
14		1		1		
15		1		1		
16		1		1		
17		4		4		
18		1		1		
19		1		1		
20	1		1			
21		1		1		
22		2		2		
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49						
50						
TOTAL IND.	4		4			
TOTAL DEP.		24		24		
TOTAL CLAIMS		28		28		

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS